

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033826

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1070

STATE FILE NUMBER

FILED SEP 24 1962

VS 300
Rev. 4/59

15117

25117

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in lb Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. Joseph's Hospital		d. STREET ADDRESS (If outside, give location) 1315 Pacific St.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First AGNES Middle FRANCES Last MORIN		4. DATE OF DEATH Month September Day 19 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-6-1900
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months 61 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Walsh		13b. MOTHER'S MAIDEN NAME Josephine LaFlan	
14. NAME OF HUSBAND OR WIFE Joseph J. Morin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT Joseph J. Morin		Address 1315 Pacific City	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Coronary sclerosis DUE TO (b) Coronary sclerosis DUE TO (c) Coronary sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 2:45 a.m. 2 p.m. 45 Month, Day, Year Nov. 6, 1961		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Joseph, Mo.		20f. CITY, TOWN, OR LOCATION St. Joseph, Mo.	
20g. COUNTY Buchanan		20h. STATE Missouri	
21. I attended the deceased from Nov. 6, 1961 to Sept. 19, 1962 and last saw her alive on July 7, 1962 Death occurred at 2:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE S. E. Senior M. Medical Certification		22b. ADDRESS St. Joseph, Mo.	
22c. DATE SIGNED 9-20-62		22d. SIGNATURE St. Joseph, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-21-1962	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) St. Joseph, Mo.	
24. FUNERAL DIRECTOR H.O. Sidenfaden & Son		25. DATE REC'D. BY LOCAL REG. Sept. 21, 1962	
26. REGISTRAR'S SIGNATURE R.R.G.		27. ADDRESS St. Joseph, Mo.	

USE BLACK INK

OR

TYPEWRITER RIBBON

Permit issued 9/21/62

SEP 28 1962

Prothonotary

Prothonotary

Prothonotary

St. Joseph

Life

St. Joseph

St. Joseph's Hospital

St. Joseph's Hospital

MORIN

PERMITS

ACRES

September 1962

10-4-1900

X

White

Female

USA

St. Joseph, Mo.

St. Home

Homeswife

Joseph J. Morin

Josephine L. Morin

John J. Morin

491-09-0760 Joseph J. Morin 1918 Pacific City

Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.